# National Adolescent Health Information Center



# 2004 Fact Sheet on Suicide:

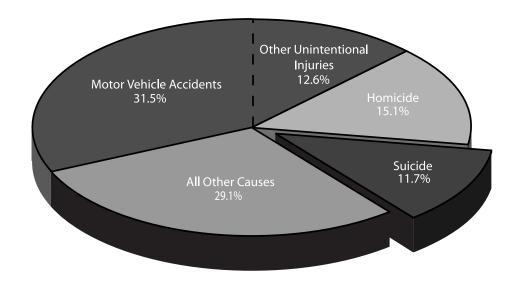
# Adolescents & Young Adults

#### Highlights:

- Suicide is the third leading cause of death for adolescents and young adults.
- Adolescent males are much more likely to *commit* suicide than adolescent females.
- ▶ American Indian/Alaskan Native male adolescents have the highest suicide rates.
- Female adolescents are more likely to attempt suicide than their male peers.
- Female Hispanic adolescents are more likely to attempt suicide than their Black or White peers.

> Suicide is the third leading cause of death for adolescents and young adults.

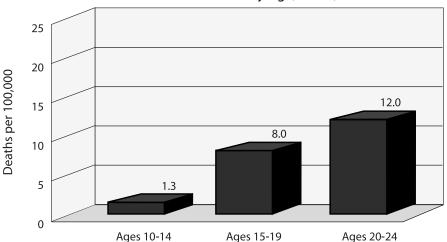
Leading Causes of Mortality, Ages 10-24, 2001<sup>1</sup>



In 2001, the Centers for Disease Control and Prevention reported that 4,243 adolescents and young adults ages 10-24 took their own lives, resulting in a suicide rate of 7 per 100,000. In 2001, suicide accounted for 11.7% of all deaths for this age group. This makes suicide the third leading cause of death for adolescents and young adults after unintentional injury and homicide.<sup>1</sup>

#### > Suicide rates increase dramatically from early adolescence to young adulthood.

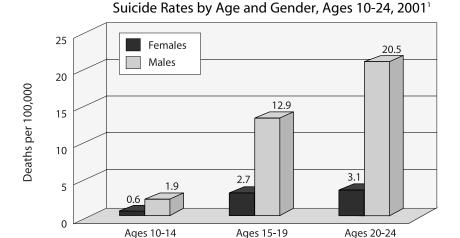
Suicide Rates by Age, 10-24, 2001<sup>1</sup>



Older adolescents are six times more likely to commit suicide than younger adolescents. The rate also increases for young adults, who are nine times more likely than younger adolescents to commit suicide. Suicide rates continue to increase in adulthood until age 50.1 Between 1960 and 2000, the suicide rate among adolescents increased dramatically (128%) compared to the rate of the general population (2%).1,2

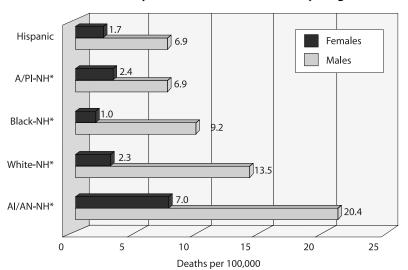
## Adolescent males are much more likely to commit suicide than adolescent females.

Adolescent and young adult males ages 10-24 have a consistently higher suicide rate than their female peers, averaging more than five times the rate of same-age females. This is a long-standing trend: from 1981 to 2001, 84% of 10- to 24-year-olds who committed suicide were male. Males have higher suicide rates throughout the lifespan.<sup>1</sup>



# American Indian/Alaskan Native male adolescents have the highest suicide rates.

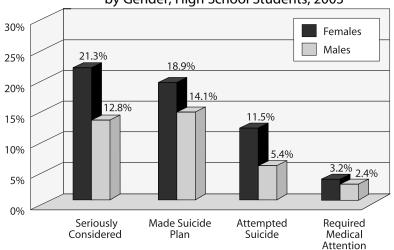
Suicide Rates by Gender and Race/Ethnicity\*, Ages 10-24, 2001<sup>1</sup>



Among adolescents and young adults ages 10-24, non Hispanic American Indians/ Alaskan Natives have the highest suicide rate. In 2001, the suicide rate for American Indian/Alaskan Native-NH\* males was 1.5 to 3 times that of same-age males in other racial/ethnic groups and about ten times that of same-age females. Asian/Pacific Islander-NH\* and Hispanic youth are least likely to commit suicide. Suicide is the second leading cause of death for Al/AN\*-NH adolescent and young adult males.<sup>1</sup>

#### Female adolescents are more likely to attempt suicide than their male peers.

Suicidal Ideation and Non-Lethal Behavior by Gender, High School Students, 2003<sup>3</sup>

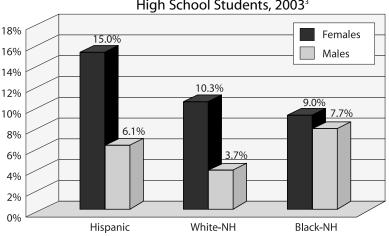


While adolescent males commit suicide at greater rates, adolescent females are more likely to exhibit non-lethal suicidal behavior and ideation. Among high school students in 2003, twice as many females attempted suicide as males (11.5% vs. 5.4%).<sup>3</sup> The percentage of students who reported an attempted suicide in the past year increased slightly from 7.3% in 1991 to 8.5% in 2003.<sup>4</sup> About one fifth (21.3%) of female students seriously considered suicide in 2003, compared to 12.8% of same-age males.<sup>3</sup>

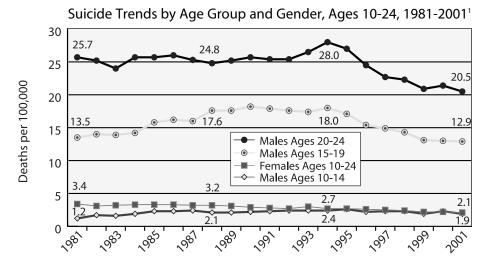
## Female Hispanic adolescents are more likely to attempt suicide than their Black or White peers.

Female Hispanic students are more likely to attempt suicide than all other students. The suicide attempt rate varies by race/ethnicity: attempts are slightly higher for Hispanic students (10.6%) than for Black-NH and White-NH students (8.4% and 6.9%, respectively).<sup>3</sup> Hispanic students have reported higher rates of suicide attempts than Black-NH and White-NH students since data collection began in 1991.<sup>4</sup>

Suicide Attempts by Gender and Race/Ethnicity\*, High School Students, 2003<sup>3</sup>



#### Since peaking in the early 1990s, suicide rates have fallen sharply for male adolescents.



Suicide rates for older adolescents and young adult males ages 15-24 have decreased since peaking in the early 1990s. By contrast, the rate (per 100,000) for adolescent males ages 10-14, while relatively low, increased from 1.2 in 1981 to 1.9 in 2001. Rates for all females ages 10-24 have decreased slightly over the same period.<sup>1</sup>

#### **Data and Figure Sources:**

- 1. National Center for Injury Prevention and Control [NCIPC]. (2004). *Mortality reports database* [Online Database]. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. [Available online at URL (5/04): http://www.cdc.gov/ncipc/wisgars/]
- 2. Garland, A.F., & Zigler, E. (1993). Adolescent suicide prevention: Current research and social policy implications. *American Psychologist*, *48*, 169-182.
- 3. Grunbaum, J.A., Kann, L., Kinchen, S.A., Ross, J., Hawkins, J., Lowry, R., et al. (2004). *Youth Risk Behavior Surveillance-United States, 2003*. In: Surveillance Summaries, May 21, 2004. MMWR, 53(No.SS-2), 1-100. [Available online at URL (5/04): http://www.cdc.gov/mmwr/PDF/ss/ss5302.pdf]
- 4. Youth Risk Behavior Surveillance System [YRBSS], Division of Adolescent and School Health, Centers for Disease Control and Prevention. (2004). *Youth Online* [Online Database]. [Available online at URL (5/04): http://apps.nccd.cdc.gov/yrbss/]

In all cases, the most recent available data were used. Some data are released 1-3 years after collection. In some cases, trend data with demographic breakdowns (e.g., racial/ethnic) are relatively limited. For racial/ethnic data, the category names presented are those of the data sources used. Every attempt was made to standardize age ranges; when this was not possible, age ranges are those of the data sources used. For any questions regarding data presented, please contact NAHIC.

#### **NAHIC Briefs and Fact Sheets**

Brief on Clinical Preventive Health Services for Adolescents

Brief on Mental Health: Adolescents & Young Adults

Brief on Obesity: Adolescents & Young Adults

Fact Sheet on Adolescent Health Care Utilization

Fact Sheet on Demographics: Adolescents

Fact Sheet on Mortality: Adolescents & Young Adults

Fact Sheet on Reproductive Health: Adolescents & Young Adults

Fact Sheet on Substance Use: Adolescents & Young Adults

Fact Sheet on Suicide: Adolescents & Young Adults

Fact Sheet on Unintentional Injury: Adolescents & Young Adults

Fact Sheet on Violence: Adolescents & Young Adults

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#### **Background on NAHIC**

The National Adolescent Health Information Center (NAHIC) was established with funding from the Maternal and Child Health Bureau in 1993 (4H06 MC00002) to serve as a national resource for adolescent health research and information and to assure the integration, synthesis, coordination and dissemination of adolescent health-related information.

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Copies of any of the listed Briefs & Fact Sheets can be downloaded on the World Wide Web at http://youth.ucsf.edu/nahic.





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